

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee National Rifle Association of America		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 05 / 19 / 2016 </div>	
Mailing Address 11250 Waples Mill Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1576.63 </div>	
City Fairfax	State VA	Zip Code 22030	Transaction ID : 71355622 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Salary / Benefits		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 001 </div>	
Name of Federal Candidate Rob Portman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1576.63 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures..... ►	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1576.63 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature